

UNITED STATES DISTRICT COURT

for the

District of Oregon

MEDFORD Division

Donald E.L. Johnson Jr
 Donald E.L. Johnson Jr
 Donald E.L. Johnson Jr
 Drew SS

Case No. 1:20-cv-01117-CL

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

Don't
 G. H. H. H.
 8/11 GORS / Medford, PD / Ashland
 P.D. / AFSJCH / Medford
 Timberline / Ashland / The Lodge / Medford
 P.D. / City / Medford
 Defendant(s) Jo Harris
 (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)
 1995
 2010

White Racism 15 White
 Supreme
 Victim 1996 Welfare
 With Undocumented
 CONgress
 Die
 1004

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

312 Empire
 Medford
 701-246
 5969
 Name
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address
 donslar@1989
 yahoo.com

Donald E.L. Johnson Jr
 Unknown - Welfare Reform Act
 knowingly violate his
 civil rights 18 1962/65
 Jackson County court known violator
 Donald E.L. Johnson Jr
 Welfare Reform Act

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 12/16) Complaint for a Civil Case

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

7/11 Store INC. LLC (HA) m
Employee will witness this interview
at 7th in Grants logo OR
Grants Pass Josephine OR
OR Federal 9753
Unknown
Unknown

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

34 Op Att Gen - Jurisdiction Due
Medford P. D.
Downtown Medford OR
Same as listed above
Medford OR Jackson OR
OR Federal 9753
Unknown
Unknown

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Art 1, Sec 9 C1.
Ashland Police Dept (OR)
Police Dept
Downtown Ashland OR
Ashland OR Federal 9753
Unknown
Unknown

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

Arroyo vs Smith
Children Welfare Medford
Children Welfare Medford
Downtown Medford OR
Medford OR Federal 9753
Unknown
Unknown

b. If the defendant is a corporation

The defendant, (name) _____, is incorporated under
the laws of the State of (name) _____, and has its
principal place of business in the State of (name) _____.
Or is incorporated under the laws of (foreign nation) _____,
and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

Defendant's violation of my and my children's
knowing rights of 5th and 14th Amendments
Civil Rights of Human Rights by the
Way of the Street or Line into the House of
the Street or Line into the House of

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

For Say Victim/Kennedy by age 10 Denial
Pain, Suffering, etc. (determining)
because I AM AN American
Living in America by force of law
which is illegal under the Constitution

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

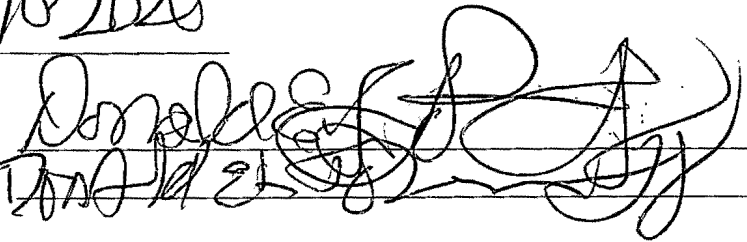
I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

7.10.2020

Signature of Plaintiff

Printed Name of Plaintiff


B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

